POLICY AND COMMUNICATIONS BULLETIN
THE CLINICAL CENTER

Medical Administrative Series

M02-2 23 July 2002

MANUAL TRANSMITTAL SHEET

SUBJECT: Impaired Practitioner Program

1. Explanation of Material Transmitted: This issuance transmits the policy of the Clinical Center on Impaired Practitioner Program This policy was approved by the Medical Executive Committee on 4 June 2002.

2. Material Superseded: None

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Distribution:

Physicians, Dentists and Other Practitioners Participating in Patient Care

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BACKGROUND

Purpose

The purposes of the Impaired Practitioner Program are:

- to provide assistance and rehabilitation, rather than discipline, to credentialed members of the medical staff who suffer from potentially impairing conditions;
- to assist practitioners in retaining or regaining optimal professional functioning, without compromising patient care; and
- to educate hospital leaders and the medical staff about the prevention of physical, psychiatric, and emotional illness.

Definition of Impairment

Impairment of performance by medical practitioners may unacceptably interfere with the care provided for Clinical Center patients. For the purpose of this document, impairment is defined as a physical or mental condition that causes a medical practitioner to be unable to practice medicine with reasonable care and safety. Impairment may result from physical limitations, medical illness, substance abuse, or other behavioral problems.

Signs and Symptoms of Impairment

There are many signs and symptoms that may be indicative of impairment. Some of these signs may be normal in certain circumstances (e.g., fatigue) and quite abnormal in other settings. However, it is important for all physicians to be vigilant to these signs and symptoms, in fulfilling their obligation as advocates for the safe care of all patients at the Clinical Center. Symptoms of impairment may include:

1. Excessive fatigue, deterioration in personal hygiene and appearance, multiple physical complaints, accidents or eating disorders;
2. Disturbances in family, professional or other relationships that isolate the worker;
3. Withdrawal from outside activities, isolation from peers, embarrassing or inappropriate behavior, adverse interactions with police, driving while intoxicated, unreliability, unpredictability, aggressive behavior, argumentativeness or unusual financial problems;
4. Unexplained absences, spending excessive time at the hospital, tardiness, decreasing quality or interest in work, inappropriate orders, behavioral changes, altered interactions with other staff, unacceptable professional performance or a significant change in well-established work habits;
5. Frequent mood changes, depression, lapses of attention, chronic exhaustion, risk-taking behavior, flat affect or excessive cheerfulness;
6. Excessive agitation or edginess, dilated or pinpoint pupils, stereotypical behavior, alcohol smell to the breath, uncontrolled drinking at social events, blackouts, binge drinking and changes in personal attire (e.g., long-sleeved garments by parenteral drug users).

PROGRAM ELEMENTS

Practitioners Covered

Practitioners covered under this policy are credentialed members of the medical staff.

Education

In order to educate the organizational leaders and the medical staff about illness and impairment recognition issues specific to the medical staff, the hospital will sponsor educational programs regarding illness and impairment issues including information about the identification of the signs and symptoms and management of the impaired practitioner and provide written information to credentialed members of the medical staff regarding illness and impairment issues.

Referral to the Impaired Practitioner Program

Practitioners may be referred to the IPP in the following ways:

- Self-refer to the program; and
- Referrals made by any member of the organization through the practitioner's Clinical Director or Department Chief.

The following points should be considered regarding referral to the Impaired Practitioner Program:

- All individuals in the organization are expected to report concerns regarding unsafe treatment by practitioners;
- Reports should be made directly to the practitioner's supervisor, Clinical Director or Department Head, or to the resident's program director for physicians in accredited training programs where applicable;
- Reports may also be made to the Director, CC;
- Reports of this nature will be kept as confidential as possible.

Confidentiality & credibility

Efforts will be made to protect the confidentiality of the individual referred to the Impaired Practitioner Program, with the following exceptions:

- State and federal regulatory limitations (if applicable);
- When maintaining confidentiality threatens the safety of a patient or patients.

In addition, all complaints, allegations or concerns regarding the potential impairment of a practitioner will be investigated thoroughly and evaluated.

Policy Limitations

This policy shall not preclude other administrative or disciplinary actions deemed necessary by the Institutes and Centers of the NIH, the Public Health Service (PHS), or the Commissioned Corps, subject to the applicable PHS and Office of Personnel Management rules and policies.

Program Structure and Process

The Impaired Practitioner Program is guided by a panel that is a standing subcommittee of the Medical Executive Committee (MEC). The Panel consists of at least three members of the credentialed medical staff and a representative from the Clinical Center Office of the Director. A representative of the NIH Employee Assistance Program (EAP) serves as an advisor to the Panel.

All referrals are investigated and evaluated by the panel. The panel will notify the practitioner's immediate supervisor or program director, in the case of a resident in an accredited training program, of the referral. The practitioner may be directed to undergo a medical examination (and, if necessary, a psychiatric examination) or to provide medical information. A refusal to participate can result in disciplinary action. A practitioner under investigation may provide information to the panel, which he/she feels may clarify any complaints or allegations brought before the Panel. The Panel will review the findings from the investigation and, if the Panel finds that the complaint or allegation is credible, the Panel will refer the case to the EAP for management of the case.

Upon referral to the EAP advisor, the practitioner, the practitioner's supervisor, and a representative from the Panel will develop a mutually agreeable treatment plan. The treatment plan:

- Outlines the treatment/therapy plan;
- Identifies objective treatment milestones;
- Establishes a specific plan for monitoring compliance with the treatment plan;
- Identifies a discreet endpoint for the involvement of the Impaired Practitioner Program; and
- Articulates consequences for non-compliance (e.g., a change in privileging status).

This treatment plan shall be agreed to and signed by the practitioner and the Panel members. If the practitioner chooses not to sign the treatment plan, the practitioner's supervisor (or the Medical Executive Committee) may pursue appropriate alternate disciplinary and/or administrative actions to address the practitioner's impairment.

If at any time during the diagnosis, treatment or rehabilitation phase of this process it is determined that the practitioner is unable to safely perform the privileges he/she has been granted, the matter will be forwarded by the Panel to the Medical Executive Committee for appropriate action. The practitioner's immediate supervisor and Clinical Director will also be informed.

<u>Monitoring of status and progress</u>

The involved practitioner’s compliance will be monitored as outlined in the treatment plan to assure the safety of the patient population under his/her care. Monitoring will continue until the EAP Advisor

is able to verify that the impairment for which the practitioner was referred to the program:

- No longer exists;
- No longer impacts the quality of patient care provided by the practitioner; or
- The endpoint of the treatment plan has been reached.

If at the end of the treatment plan the practitioner is still considered impaired, the practitioner and the practitioner's supervisor shall pursue alternate disciplinary and/or administrative options for managing the practitioner.

IPP Reporting Requirements

The Impaired Practitioner Program will submit an annual report to the Medical Executive Committee summarizing the number, character and disposition of referrals made to the panel.